[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

Subject: Confirmation of Automatic Premium Payment Setup

Dear [Policyholder Name],

We are writing to confirm that your request to set up automatic premium payments for policy number **[Policy Number]** has been successfully processed.

Starting on **[Start Date]**, your premium amount of **[Amount]** will be automatically deducted from your account on the **[Day]** of each month.

Payment Details:

- **Account Number:** Ending in [Last 4 Digits]
- **Financial Institution:** [Bank Name]
- **Frequency:** [Monthly/Quarterly/Annually]

Please ensure that sufficient funds are available in your account on the scheduled dates to avoid any service interruptions or fees. You can view your payment history or update your billing information at any time through our online portal.

If you did not authorize this setup or if any of the information above is incorrect, please contact our customer service department immediately at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Name/Department]
[Company Name]